

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: ADA

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. GRANT AWARD NUMBER: DC09200430 DATE OF SITE VISIT: 6/16/10
2. GRANT PERIOD: 7/1/2009 - 6/30/2010
3. RECIPIENT/IMPLEMENTING AGENCY: Santa Clara District Attorney's office
4. PROJECT DIRECTOR: Rolanda Dixon - Assistant D.A.

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
	<u>Legal Clerk</u>	<u>District Attorney</u>
	<u>Fiscal Officer</u>	<u>DA</u>
	<u>Accountant</u>	<u>DA</u>
	<u>Deputy DA</u>	<u>DA</u>
	<u>Deputy DA</u>	<u>DA</u>

Signature of Program Specialist

6/16/10
Date

Signature of Section Chief

6/16/10
Date

Signature of Project Representative

6/16/10
Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. <u>OPERATIONAL DOCUMENTS</u>			
Review hard copy/verify the ability to access on line:			
• The Cal EMA Recipient Handbook (R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Approved Grant Award Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The RFA/RFP (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Program Guidelines (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

• Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the certificate show:			
○ Bonding company's name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Bond number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Description of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Amount of coverage (50% of allocation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Bond period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Grant award number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Form A, Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Form B, Forgery Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

• Does the project have its CEQA documentation on file?(Ask to view)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Certified Exempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file
 - Job application
 - Resume
 - Performance evaluations
 - Salary rates
 - Benefits
 - Current job duties/descriptions
 - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency's existing personnel policy?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
 - Name of individual who approves purchases.
- DA Program Manager
 - Name of individual who writes checks.
County Controller
 - Name of individual(s) who signs checks.
County Controller

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

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SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

YES NO N/A

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

13. EEO POLICY

- Go over EEO checklist. (Separate document)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

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SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐
☐ ☒ ☐

Comments:

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

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SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW & ADDITIONAL COMMENTS

Drug Enforcement Section

Anti-Drug Abuse (ADA) Enforcement Team Program

California Multi-Jurisdictional Methamphetamine Enforcement Team (Cal-MMET) Program

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| 1. If asset forfeiture funds are received and/or expended, are project income reporting forms completed and mailed to Cal EMA on a quarterly basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| 2. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|

Comments:

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 3. Does the project track the percentage of time staff spends on non-project related duties? If no, please provide recommendations made to the project. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|

Comments:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| 4. Does the project maintain confidential funds? If yes, please describe policies. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 5. Have all grant-funded positions been filled? If no, please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

6. Does the project have on-file the following documentation supporting the:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| o Signed DEC Protocol MOU | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of "project specific" duty statement, rather than a copy of the local agency job classification/position duty statement or description | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o ADA Steering Committee minutes signed by all required participants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Copy of all approved Grant Award Modifications/Amendments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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7. Is the Task Force a combined ADA/Cal-MMET Team?

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If yes, please describe how the task force ensures the statistics are not double reported on the ADA or Cal-MMET progress reports.

Comments:
